COUNTY OF MONTEREY
HEALTH DEPARTMENT
Elsa Jimenez, Director of Health

Administration
Behavioral Health
Clinic Services
Emergency Medical Services
Environmental Health/Animal Services
Public Health
Public Administrator/Public Guardian

January 9, 2017

BERRY DR WS #02
Mr. Brent Plemmons
PO BOX 7182
SPRECKELS CA 93962

CITATION LETTER, CITATION #17-007
BERRY DR WS #02, I. D. No. 2701897

Coliform Bacteria MCL Violations for **November 2016**
Community Water System

Dear Mr. Plemmons,

Section 116650, Chapter 4 of Part 12 of the California Health and Safety Code (CHSC) authorizes the issuance of a citation for failure to comply with a requirement of Chapter 4 (California Safe Drinking Water Act), or any regulation, standard permit, or order issued thereunder. The Monterey County Health Department, Environmental Health Bureau (hereinafter EHB) under its Delegation agreement with the State Water Resources Control Board and pursuant to Section 116650 of CHSC, hereby issues this citation to the Berry Dr WS #02 (hereinafter Water System) for violation of CHSC, Section 116555(a)(1) and Title 22, California Code of Regulations (hereinafter "CCR"), Sections 64426.1(b)(2). Specifically:

1. The Water System was in violation of the Total Coliform Maximum Contaminant Level (MCL) set forth in Section 64426.1(b)(2), Title 22, CCR for the month of November 2016. Specifically;
    a. In November 2016, 4 of the 9 samples collected were total coliform positive.

History
On November 21, 2016, the Water System notified EHB and the water system users that the water system failed the total coliform MCL. The Water System disinfected the system and started an investigation. Follow-up sample in December met standards.

Directives
Pursuant to Section 116655 of the Health and Safety Code, the EHB hereby orders Berry Dr WS #02 to do the following to ensure the water supplied by the Water System shall at all times be pure, wholesome, potable, and healthful:

1. The Water System shall comply with Section 64426.1, Title 22, CCR in all future monitoring periods.
2. Complete the attached Total Coliform Investigation Form to document actions taken during the investigation.
3. Submit the proof of public notification form for the notification process conducted in November 2016.

All submittals required by this order shall be addressed to:

Environmental Health Bureau
1270 Natividad Road
Salinas, CA 93906-3198

EHB reserves the right to make such modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Water System of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

Parties Bound
This Citation shall apply to and be binding upon the Water System, its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.

Severability
The directives of this Citation are severable, and the Water System shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

Further Enforcement Action
The California SDWA authorizes EHB under its delegation agreement with SWRCB to: issue a citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes EHB to take action to suspend or revoke a permit that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of EHB, and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of EHB. EHB does not waive any further enforcement action by issuance of this

If you have any questions, please contact me at (831)796-1299 or treffryns@co.monterey.ca.us

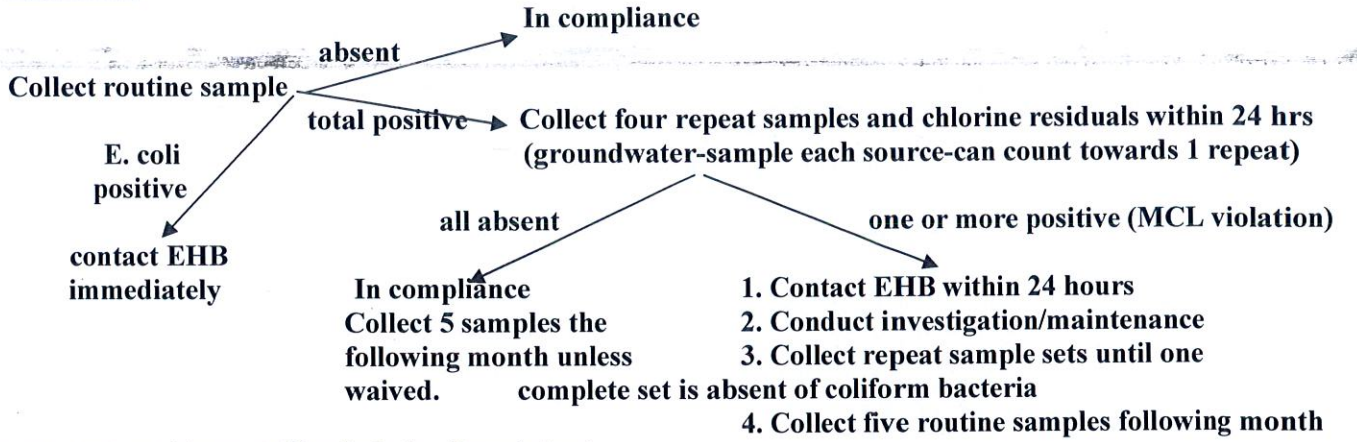
Sincerely,

Nancy Treffry

Nancy Treffry, REHS
Environmental Health Specialist

Monterey County Health Department, Environmental Health Bureau
Bacteriological Monitoring Requirements

Flow Chart



DETAILS (See Title 22, California Code of Regulations)

Sampling Frequency-Routine Samples (section 64423)

Community and Nontransient-Noncommunity water system - minimum of one sample per month
Transient-Noncommunity water system – groundwater-minimum of one sample per quarter, except one sample per month in which 1,000 or more persons can be served by the water system
Transient-Noncommunity water system – surface water-minimum of one sample per month
If any samples are E.coli positive, the water system must notify EHB immediately.

Repeat Sampling Requirements – Required when Routine Sample is total coliform positive

The water system must require the laboratory to notify the system within 24 hours whenever any coliforms are present in a sample. A repeat sample set must be collected by the system within 24 hours of notification. This set must consist of at least four samples for each total coliform-positive sample and be collected in accordance with an approved sample siting plan. Generally, repeat samples shall be collected from:

- the site of the original positive (required),
- the well,
- the storage tank(s),
- another point in the distribution system within 5 service connections of the original positive
- Groundwater systems must sample each source-sample may count towards 1 repeat sample
- If well is E. coli/fecal positive, contact EHB within 24 hrs for New Groundwater rule guidance

This collection scheme is designed to identify the origin of the contamination. Systems with multiple wells and tanks may sample within 5 service connections upstream and downstream of the original positive or from combined well and tank taps, if available.

The samples shall be collected prior to disinfection of the water system and the water system shall be inspected by the water system during the sampling to identify any potential causes of the original positive sample. Chlorine residual readings shall be analyzed and reported for all repeat samples.

Maximum Contaminant Level Exceedance (MCL) (64426.1)

If one or more samples in the repeat sample set are total coliform-positive, the water system has exceeded the MCL for coliform bacteria and must notify this office within 24 hours. The system must investigate the cause of the positive samples and continue to collect a set of repeat samples until one set has no coliform positive samples. The system must also submit a report of findings including the following (64426):

- Current operating procedures that are or could potentially be related to the increase in bacterial count, such as main repairs or well work conducted without disinfection,
- System pressure loss to less than 5 psi,
- Potential cross connections,
- Physical evidence indicating bacteriological contamination of facilities (such as openings in the well casing, storage tank or evidence of animal activity in the vicinity of the well),
- Analytical results of any additional investigative samples collected, including well samples,
- residents' illness suspected of being waterborne.
- Records of the investigation and any action taken.

Follow-up Sampling
The water system must collect five routine samples the month following any total coliform sample (64424). May be waived if the Department conducts a site visit and determines why the sample(s) were positive and established that the problem has been corrected.

Additional Sampling Requirements
Samples for bacteriological testing must also be collected whenever either of the following conditions apply:
- loss of water pressure below 5 psig within the distribution system
- upon completion of construction, installation, or repair of wells, water mains, or storage facilities.

Samples are to be collected in accordance with an approved Sample Siting Plan (SSP). The sample must be tested by a laboratory certified by the State of California. The water system must direct the laboratory to submit copies of all required bacteriological monitoring directly to this office by the tenth day of the following month.

Collecting Bacteriological Water Samples

Collect samples at cold water faucets that are free of contaminating devices such as screens, aeration devices, hoses, point-of-use devices, or swiveled faucets. To prevent contamination, do not obtain samples from taps that leak around the valve stem and allow water to flow over the outside of the tap. Faucets must be high enough to put the bottle underneath without contacting the mouth of the container with the faucet.

Taking the sample:
1. Open the faucet and thoroughly flush the line for at least two to five minutes. The longer the water runs the better the chance of flushing out bacteria that may be in the building plumbing.
2. Reduce the flow until the water leaving the tap has a continuous, gentle flow without any turbulence.
3. Sterile containers provided by your laboratory must be used. Do not rinse the bottle prior to taking the sample. The powder in the bottle is sodium thiosulfate which inactivates any chlorine-based disinfectant. Be sure this substance stays in the bottle.
4. Remove the cap from the sample bottle and keep it in your hand facing down. Do not touch the inside of the cap or the bottle's inner surface as these actions can contaminate the sample.
5. Carefully place the sample bottle under the running water. Fill the bottle just to the fill-line; do not overfill the sample bottle or allow the water to splash.
6. Quickly replace the cap on the bottle and label the sample clearly. If samples cannot be delivered to the lab immediately, place samples in a cooler with cold packs. If ice is used, at no time should the sample container be immersed or submerged in the ice or melted ice water. The sample must be delivered to the laboratory within 24 hours from the time of collection.

POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

PWS Name:	Berry Dr. WS #02	**PWSID NUMBER:**	2701897

	Name	**Address**	**Telephone #**
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	**WELL (name)**	**WELL (name)**	**WELL (name)**	**WELL (name)**	**COMMENTS**
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. Does the well have a non-leaking check valve/foot valve to prevent water from draining back into the well from the distribution system?					
j. To what treatment plant (name) does this well pump?					
k. How often do you take a raw water total coliform (TC) test?					
l. Provide the date and result of the last TC test at this location					

TREATMENT	**PLANT (NAME)**	**PLANT (NAME)**	**PLANT (NAME)**	**PLANT (NAME)**	**COMMENTS**
1. If you provide treatment, what type and was there any equipment failure?					

POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?					
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?					
3. Is the overflow on each tank screened?					
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?					
5. Is the roof/cover of the tank sealed and free of any leaks.					
6. Is the tank above ground or buried.					
a. If buried or partially buried, are there provisions to direct surface water away from the site.					
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?					
8. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?					
9. What is the **measured** chlorine residual (total/free) of the water exiting the storage tank **today**?					
10. What is the volume of the storage tank in gallons?					
11. Is the tank baffled?					
12. Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented?					

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9 Do you have an active cross connection control program?	
10. What is name and phone number of your Cross-Connection Control Program	

POSITIVE TOTAL COLIFORM INVESTIGATION

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

BOOSTER STATION	SYSTEM RESPONSES
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an **ext**erior location or is it protected by an **enc**losure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings. other contaminants or spray irrigation systems)				
7 Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny),				

POSITIVE TOTAL COLIFORM INVESTIGATION

GENERAL OPERATIONS;	SYSTEM RESPONSES
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. Did it rain between last date of coliform free sample(s) and date of current TC+/EC+ samples?	
5. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
6. What were the symptoms of illness if you received complaints about customers being sick?	

MONITORING ANALYSIS	SYSTEM RESPONSES
1. List the coliform monitoring results in the chart below?	
2. Does the data point to where the contamination is coming from? Is contamination spread throughout system, appear in well(s), appear only after storage tank(s), isolated to a pressure zone, appear only at one tap	
3. Has the system considered enumerating samples to help look for contamination hotspot?	
4. Is contamination reoccurring?	

Sample Date	Sample Location	Result	Chlorine Present	Comments

POSITIVE TOTAL COLIFORM INVESTIGATION

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

CERTIFICATION: I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME:_____ **TITLE:**_____ **DATE:** _____

PROOF OF NOTIFICATION

As required by Section 116450 of the California Health and Safety Code (H&SC), I notified all users of water supplied by the

Berry Dr. WS #02 Water System, I. D. No. 270-1897

of the maximum contaminant level (MCL) failure for the month of November 2016 according to California Code of Regulations(CFR), Title 22, Section 64426.1.

Notification was performed on _____ by
(Date)

_____.
(method of distribution)

_____
Signature and Title of Water System Representative

Disclosure: Be advised that Sections 116725 and 116730 of the H&SC state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the California Safe Drinking Water Act may be liable for a civil penalty not to exceed five thousand dollars ($5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than $25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or both the fine and imprisonment.

AN IMPORTANT NOTICE REQUIRED BY THE MONTEREY COUNTY HEALTH DEPARTMENT

Berry Dr. Water System #02, I.D. No. 270-1897

SUBJECT: **Bacteriological Quality Standard Failure** DATE:

This notification of all water consumers is being performed in compliance with the laws and regulations of the California Department of Public Health and the Monterey County Environmental Health Division to keep you fully informed about your drinking water.

The bacteriological quality of all water served by the **Berry Dr. Water System #02** during the month of **November 2016** did not meet the drinking water standards specified in the California Domestic Water Quality and Monitoring Regulations. The bacteriological quality of domestic water is routinely determined by testing for coliform bacteria. Coliform bacteria are indicators of potential contamination and may originate from human, animal, or soil sources.

HEALTH REGULATIONS BEING VIOLATED: The water system does not meet the maximum permissible contamination level (MCL) requirement of the California Department of Public Health as set forth in Title 22 of the California Code of Regulations.

MAXIMUM ALLOWABLE CONTAMINATION LEVEL: The water system is in violation of the total coliform MCL when coliform bacteria is present in more than one sample collected during any given month

SIGNIFICANCE OF PRESENT VIOLATION: The California Department of Health Services sets drinking water standards and has determined that the presence of total coliform is a possible health concern. Total coliform are common in the environment and are generally not harmful themselves. The presence of these bacteria in drinking water, however, generally is a result of a problem with water treatment or the pipes which distribute the water, and indicates that the water may be contaminated with organisms that can cause disease. Disease symptoms may include diarrhea, cramps, nausea, and possibly jaundice, and any associated headaches and fatigue. These symptoms, however, are not just associated with disease-causing organisms in drinking water, but also may be caused by a number of factors other than your drinking water. The Department has set an enforceable drinking water standard for total coliform to reduce the risk of these adverse health effects. Under this standard, no more than 5.0 percent of the samples collected during a month can contain these bacteria, except that systems collecting fewer than 40 samples/month that have one total coliform-positive sample per month are not violating the standard. Drinking water, which meets this standard, is usually not associated with a health risk from disease-causing bacteria and should be considered safe.

PRECAUTIONS TO BE TAKEN: No special precautions are necessary on your part at the present time. However, if you experience any of the referenced symptoms, please contact a physician. People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers

ACTION TAKEN TO CORRECT VIOLATION: _____

_____

SCHOOLS, OWNER OR OPERATOR OF RESIDENTIAL RENTAL PROPERTY, OR OWNER OR OPERATOR OF BUSINESS PROPERTY: Section 116450 of the California Health and Safety Code requires us to provide this notification of the following: Schools or school systems shall notify school employees, students, and parents if students are minors; owner or operator of residential rental property shall notify tenants; and owner or operator of business property shall notify employees. This notice shall be given within 10 days upon receipt of this notification.

FOR FURTHER INFORMATION CONTACT: _____
CONTACT PERSON NAME

_____, _____.
WATER SYSTEM NAME PHONE #

THIS NOTICE IS TO REMAIN IN EFFECT UNTIL PROBLEM IS RESOLVED AND HEALTH DEPARTMENT GIVES CLEARANCE